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EDITORIALS

Supporting parents who are worried about their newborn's sleep

Clinicians can help to reframe expectations of “normal” and support parents to develop coping strategies

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Parents of new babies often struggle with the problems of interrupted sleep, particularly when contemporary lifestyles, parental sleep needs, and infant biology conflict.¹ Recent trends in Western infant care have led to misperceptions of normal infant sleep development. When we ask whether a young baby “sleeps through the night” this reinforces the idea that prolonged infant sleep is important and should be achieved early. It also does not recognise the role of night feeding in successful breast feeding because breastfed babies wake more often during the night than those who are not breast fed.² Consequently, what we tell parents about normal infant sleep, and how we provide support, requires reframing.

In a linked paper (doi:10.1136/bmj.f1164),³ Stremler and colleagues highlight that parental sleep disturbance can be profound in the early months of infant life and the associated prolonged lack of sleep may have negative consequences for parental health and wellbeing. This can be exacerbated if, in the transition to parenthood, expectations fail to match reality. When this occurs, new parents may doubt their own competence as care givers or may question whether their infant's night waking is normal. Some may seek medical help for their infant's “sleep problems.”⁴ Responses to infant night waking have been found to be strongly influenced by cultural attitudes and beliefs, with parents in some societies perceiving this behaviour as normal and unproblematic.⁵ This indicates that providing parents with more realistic information on what is normal infant sleep behaviour would probably help them better accept and manage infant night waking.

What parents need to know is that sleep is a developmental process that is biologically driven to mature during the first years of life, and that sleep behaviour and development vary greatly between individuals.⁶ Infants are not born with functional circadian rhythms. Their sleep patterns begin to consolidate into a diurnal pattern only from around 3 months of age, with the body clock maturing between 6 and 12 months.^{1 7} Night waking is a characteristic of infant sleep that comes and goes during the first year, irrespective of previous consolidation, and with no clearly consistent pattern.^{6 8} Therefore, instead of approaching

infant night waking as a pathological problem that requires treatment, clinical effort could be more effectively directed at helping parents to anticipate and cope with this normal aspect of infant sleep behaviour.

Interventions that involve both education and support offer the promise of realigning parental expectations with the realities of infant sleep and providing parents with the opportunity to consider strategies for anticipating, coping with, and managing the consequences of sleep loss. Stremler and colleagues randomised primiparous women to usual care or to a novel intervention that involved providing information about normal infant sleep, educating mothers on how to satisfy their own sleep needs, and teaching helpful behaviours.³ The primary outcome was duration of maternal sleep between 9 pm and 9 am, and a secondary outcome was the longest stretch of infant nocturnal sleep measured by actigraphy at six and 12 weeks postpartum. There was no difference between intervention and control groups in duration of maternal sleep or the longest infant sleep bout, which is not surprising given the young age of the infants and the high proportion of exclusive breast feeding in the sample. The authors acknowledge several other factors that may also have influenced the negative findings. An outcome that was not measured in the current study, but may be worthy of further study, is maternal resilience to sleep fragmentation—for example, through using coping strategies such as daytime napping, sharing night-time care with a partner, or prioritising sleep over other activities.

Programmes designed to manipulate infant sleep patterns or to “train” infants to self soothe have been extensively reviewed and may have a role in late infancy and early childhood,^{1 9} although their effects are contested,¹⁰ and altered sleep outcomes seem to be short lived.¹¹ Sleep training programmes are not recommended, however, for young infants and few have been tested outside clinical settings. Clinicians can best support parents who are considering such interventions by helping them to evaluate their reasons for considering sleep training and educating them about appropriate alternative approaches.

Finally, it is important that new parents are made aware of the lack of evidence that changing the mode of feeding increases the sleep duration of mothers or babies. A common parental response to infant night waking is to give supplemental food or stop breast feeding.¹² Although it is normal for breastfed infants to wake regularly to feed in the night, and for their mothers be woken more often than those of formula fed babies, periods of wakefulness are longer in formula fed babies and the net outcome in terms of sleep duration is the same.¹ When health professionals promote the desirability of prolonged nocturnal infant sleep they are undermining optimum feeding of newborns through breast feeding and creating false parental expectations for infant sleep.

Any interventions that are offered to or discussed with parents of newborns should be culturally appropriate and evidence based, should have been tested in the settings in which they are being applied, and should guide parents towards realistic expectations for normal (particularly breastfed) infant sleep.

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